(Print Name of lobbyist)

STATE OF NEW HAMPSHIRE

2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

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L Name of Lobbyist(s) Chry STINA DANGSANDON	NEW HAMPSHIRE DEPARTMENT OF STATE
I. Name of Lobbyist(s)	- STATE
11. Name of lobbyist's partnership, firm or corporation, if any:	
Munarusino Tocentre	
(Name of partnership, firm or corporation)	1/1 0
12011 Ber (E) RUAD 'STLLIVE (NH 9 8005
Business Address: (Street) (Town/City) (State)	(Zip Code)
UB 203 6001 () e-mail Chist	inald
(Telephone) (Fax)	MS/15/19/10Pa
111. This statement covers: (Choose one – file separate reports for each client, OR you may file reportable expense transactions which are not attributable to any one client).	e a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the following	lowing client;
MOMS RISING TOGETHER (Full Name of Client as it appears on the Lobbyist Registration Form)	
(Full Name of Client as it appears on the Lobbyist Registration Form)	
<u>OR</u>	
☐ All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm unrelated to any particular client.	listed below which are
IV. Date of Report April 25, 2018 Reports cover: activity from date of registration to 3/31/18 July 25, 2018 activity from 4/1/18 to 6/30/18	
October 31, 2018	
V. There have been no fees received and no reportable transactions made since the la If this box is checked, complete just this form ond submit it to the Secretary of State's Office, State & Concord, NH 03301.	
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file Addendum A- Fees and Expens	ses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report of Expense Reimbursement	of Honorariums or
[] If you, your firm, or your family has made political contributions, you must file Addendum C-	– Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregrand complete to the best of my knowledge and belief.	oing information is true
(Signature of lobbyist) (Date)	
My other Dellession	

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STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

1. Name of Lobbyist(s) Chustina Manager		
II. Name of lobbyist's partnership, firm or corporation, if any:		
(Name of partnership, firm or corporation) III, Name of Client MAS PUSIWA TO GEN FUEDate 150/19		
IV. Fees Received Indicate the gross amount of all fees received from the client identified above that are related, directly or indirectly, to lobbying, including fees for services such as public advocacy, government relations, or public relations services including research, monitoring legislation, and related legal work. The gross fee amount reported shall not be reduced by any expenses:		
a) Total of all fees received in this reporting period a) \$		
b) Total of all fees received this calendar year, prior to this reporting period b) \$ 1.35 00 (This should equal the total of all prior monthly reports for this calendar year)		
c) Total of all fees received to date (Add lines a and b) c) \$		
d) Indicate the amount of any such fees that are due, but have not yet been paid d) \$		
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to report all expenses made from lobbying fees. Separate reports are to be filed for expenditures made relative to each client and if expenditures are made by the lobbyist(s)/firm that are intrelated to any one client a separate report may be filed for the lobbyist(s)/firm. Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses-for a legislative reception). Expenses for homogeniums, expense training that in patients contributions will be reported on separate addendums and should not be reported on Addendum A.		

a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.

b) Total aggregate of expenditures during this reporting period, not reported

c) Total of all itemized expenditures reported in detail in section VI.

in a), of \$25 or less.

 d) Total expenses for this reporting period (Add lines a, b and c) e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) f) Total of all expenses year to date VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged. 	d) \$ 246, 67 c) \$ \$255, 14 f) \$ 541.81 obblying fees during this reporting
Paid to:	Amount:
MILEMOTE - CHRISTINA DAM FRANCO	s 286,67
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	<u>(/30/(9</u>
(Signature of lobbyist)	(Daic)
(Print Name of lobbyist)	